

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/053520**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						1
2							52						1
3							53						1
4							54						1
5							55						1
6							56						1
7							57						1
8							58						5
9							59						5
10							60						1
11							61						1
12							62						1
13							63						1
14							64						1
15							65						1
16							66						1
17							67						1
18							68						1
19							69						1
20							70						1
21							71						1
22							72						3
23							73						3
24							74						3
25							75						3
26							76						5
27							77						5
28							78						1
29							79						1
30							80						1
31							81						1
32							82						1
33							83						1
34							84						1
35							85						1
36							86						5
37							87						5
38							88						1
39							89						6
40							90						6
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						5
TOTAL DEP.							TOTAL DEP.						113
TOTAL CLAIMS							TOTAL CLAIMS						118